



Participant's Name: _____ DOB: _____ Gender: M F

Parent/Guardian Name: _____ Relationship to Participant _____

Mailing Address: _____

Daytime Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Please list the program(s) your child is registered for: _____

Name of emergency contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Physician's name: _____ Phone: _____

Does this person have any allergies, medical/behavioral issues, special needs, etc. which our staff should be aware of or which may require special accommodations? If so please describe: _____

Please initial the following:

_____ I hereby release the Oregon Coast Aquarium officers and its employees from any claims which my child might have for injuries or damages resulting from failure to obey and cooperate as instructed or as a result of the risks and dangers involved in this activity.

_____ In the event that my child needs medical treatment, I hereby consent and authorize the accompanying representative of the Oregon Coast Aquarium to permit treatment. I agree to be responsible for the cost of any medical service and to indemnify the Oregon Coast Aquarium for such expenses.

_____ I hereby authorize Oregon Coast Aquarium personnel to photograph/video my child for the purposes of education and promotion of Aquarium programs. I understand that these images maybe used in a variety of ways, including video, publications and website. (By not initialing, you REVOKE consent for this child)

_____ My child does not have any physical or mental conditions which would restrict or prevent him/her from participating in the scheduled activity, or which would increase the risk of harm with the exceptions listed on the medical form.

Non-Discrimination Policy: The Oregon Coast Aquarium is proud of our diverse and inclusive programs. Consistent with our corporate non-discrimination policy and applicable laws, Oregon Coast Aquarium programs are open to everyone regardless of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

Parent Signature: _____ Date: _____

Printed Name: _____